

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/31/2014
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NAME OF PROVIDER OR SUPPLIER  MARION REHABILITATION AND ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953
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F000000	<p>This visit was for the Investigation of Complaint IN00153032.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaints IN00150283 and IN00150564 completed on 6/20/14.</p> <p>Complaint IN00153032-Substantiated. Federal/state deficiency related to the allegation is cited at F309.</p> <p>Survey dates: July 30 &amp; 31, 2014</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 2011365580</p> <p>Survey team: Shelley Reed, RN TC Jason Mench RN Angela Selleck RN</p> <p>Census bed type: NF: 13 SNF/NF: 33 Residential: 34 Total: 80</p> <p>Census payor type: Medicare: 19 Medicaid: 13</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000309 SS=D	<p>Other: 48 Total: 80</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to administer "as needed" medications in a timely manner to 1 of 3 residents reviewed for pain medication (Resident G). The facility also failed to obtain sufficient quantities of pain medication related to residents preferred pain medication. (Resident G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident (G)</p>	F000309	<p>F309 – The facility will administer “as needed” medications in a timely manner to all residents for pain medication. The facility will also obtain sufficient quantities of pain medication related to residents preferred pain medication.</p> <p><b>What corrective action will be</b></p>	08/07/2014			

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	<p>was reviewed on 7/30/14 at 11:26 a.m. Diagnoses for the resident included, but were not limited to, spasm of muscles, general pain, spinal stenosis, hypertension, anemia, aortic valve disorder and insomnia.</p> <p>A quarterly Minimum Data Set assessment, dated 5/22/14, indicated the resident was cognitively intact. Resident (G) received extensive assist with one person physical assist for dressing, eating, bathing and hygiene. Resident (G) had bilateral range of motion impairment.</p> <p>Review of a current care plan, dated 5/28/14, indicated the resident had a problem with pain related to cervical surgical site and muscle spasms. Approaches to this problem included, but were not limited to, "administer pain medications as indicated/prescribed, consult with MD when pain regimen changes are indicated and monitor effectiveness of pain management interventions."</p> <p>The current physician orders indicated Resident (G) was prescribed Oxycodone (pain medication) Immediate Release (IR) 15 mg every 4 hours as needed and Morphine (pain medication) ER 30 mg every 12 hours as needed.</p>		<p><b>accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>Resident G script was obtained and medication delivered prior to survey.</p> <p><b>How were other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken</b></p> <p>Reviewed residents with prn pain medications to ensure medication availability, medications re-ordered as necessary</p> <p><b>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p> <p>Nursing staff in-serviced on administering as needed medications in a timely manner, and to obtain sufficient quantities</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur</b></p>				

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	<p>During review of the Medication Administration Record (MAR) from July 21 thru 7/31/14, Resident (G) received Oxycodone 15 mg 25 times, approximately 3 to 4 times daily for pain management. Resident (G) received Morphine 10 times from July 19 through 7/30/14. Four of the ten doses were given between 7/27 through 7/28/14.</p> <p>During review of the Narcotic Administration Record, Resident (G) last received Oxycodone 15 mg on 7/26/14 at 3:44 p.m. An additional dose was signed out on 7/26/14 at 11:00 p.m., but the medication was not documented as given in the (MAR). The quantity that remained was zero as of 7/26/14 at 11:00 p.m.</p> <p>Review of the progress notes, dated 7/23/14 at 8:10 a.m., indicated Resident (G) requested an appointment be made to see his neurologist. At 9:45 a.m., a staff member left a message on the Physician's answering machine stating the resident would like to be seen as soon as possible related to muscle spasms in his inner thigh causing them to hurt and address his pain.</p> <p>The progress notes, dated 7/23/14 at 10:30 at a.m., indicated the neurologist's</p>		<p>Medical Records or designee will audit prn pain medication availability twice weekly x 4 weeks, then weekly x 4 weeks; all results will be reported to the QA and A monthly for tracking and trending monthly x 3 months and then quarterly. Pharmacy will direct future refill requests to Medical records.</p> <p><b>By what date the systemic changes will be completed</b></p> <p>The systemic changes will be completed by August 7, 2014</p>		

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	<p>nurse indicated there was nothing more they could do for his pain, but referred him to a pain management specialist. An appointment was made for August 4th, 2014.</p> <p>The progress notes, on 7/27/14 at 11:15 p.m., indicated Resident (G) was complaining of pain shooting down his legs to his scrotum, causing an erection that was extremely painful. He indicated none of the PRN medication had worked and he asked to be sent to the hospital. Resident (G) was transferred to the hospital on 7/28/14 12:00 a.m. and returned on 1:30 a.m.</p> <p>During an interview on 7/30/14 at 4:35 p.m., Resident (G) indicated the facility ran out of his Oxycodone and only had Morphine to give him. He indicated he did not like using the Morphine and had asked for the Oxycodone.</p> <p>During an interview on 7/31/14 at 8:25 a.m., LPN #99 was asked to review the Emergency Drug Kit (EDK) for Oxycodone IR. She indicated the EDK did not contain Oxycodone IR and the log indicated Resident (G) did not receive any Oxycodone from the EDK.</p> <p>During an interview on 7/31/14 at 4:15 p.m., the Corporate Nurse indicated the</p>						

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	<p>pharmacy records did not indicate when the request for a refill was sent for the Oxycodone. She indicated the staff should reorder medication when 7 doses were left. She indicated the facility would assign one person who would be responsible for ordering all refills prior to the last dose being given to avoid problems related to medications not being filled in a timely manner.</p> <p>This Federal tag relates to Complaint IN00153032.</p> <p>3.1-37(a)</p>				